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When we realize the frequency of conditions which are capable of producing this lesion, excluding the œdema which is not infrequent during pregnancy and parturition, and which has been referred to by Guéniot, it would seem that its occurrence might be frequently expected, and yet I find no recognition of its existence in the text-books of gynecology and pathological anatomy, with the exception of a possible description by Klob, nor in the enormous periodical literature which has accumulated during the past few years. It would be strange indeed if this condition had escaped the notice of the army of zealous workers in this field, all ambitious to electrify the world with some new discovery, and so I forbear to speak too positively concerning its recognition by any of my fellow-laborers. As a symptom it is by no means unimportant; it is seldom an isolated symptom, and its recognition may lead to a more searching examination, and the discovery of associated symptoms which will point to the existence of severe, if not serious constitutional disease. It furnishes another instance that in clinical gynecology one should not trust too much to the unaided sense of feeling, for, while the condition in question may be determined by touch alone, it is more clearly recognized by combined touch and sight.

Œdema may occur, of course, in any of the areolar tissues,

but it follows a general mechanical principle in appearing in locations and tissues in which the resistance to be overcome is not great; hence the common practice of looking for it and expecting it in the loose tissue of the ankles, the orbits, the lungs, the vulva, etc. It is also a manifestation, under all circumstances, of mechanical obstruction, appearing in regions in which deficient *vis a tergo* in the vessels combines with, or rather tends to produce engorgement and stasis, the free flow of the current in its natural channels being thus hindered or prevented. We are not likely to find it in the dense tissue of the cervix uteri of nulliparous women. In women who have borne children, however, especially if they have borne them in quick succession, and have resumed active household duties before involution has fairly taken place, or in women in whom involution has been incomplete from any other cause, the vaginal portion of the cervix is abnormally large, the venous distribution is exaggerated, the submucous tissue abundant, and, in a word, the conditions are favorable for the development of œdema. It would be interesting to know whether œdema of the vaginal portion of the cervix signifies also œdema of the supra-vaginal portion and the body of the organ; but I can furnish no information upon this subject, none of the cases which I have seen having terminated fatally, so far as I know. The dependent position which the cervix occupies, and the enlargement and repletion of its veins, would seem to indicate that the stasis and transudation might be limited to this region. When œdema is associated with uterine displacements, however, especially with backward displacements, it is not improbable that it may be general—that is, not limited to the cervix alone. With the congestion of each recurring menstruation, it would be quite reasonable to expect that the mechanical obstruction to the venous current which obtains in uterine displacements, would result in œdema. Another condition of the cervix which may or may not be associated with sub-involution, and which will predispose to œdema, is the very common one of fissure of the

os, especially if it be extensive. Fissures of moderate extent, unassociated with lesions of other organs, and following parturition, cannot be looked upon as pathological. It would be hard to conceive of a first parturition so perfect as to admit of the sufficient dilatation of the organ and the passage outward of a fœtus—unless in the early months of pregnancy—in which none of the fibres of the os were ruptured. But in those cases in which the rupture has been extensive, and the subsequent repair imperfect, the excess of connective tissue resulting means faulty nutrition and disturbed balance between the arterial and venous circulations which might readily favor venous stasis and œdema. In how many cases of this kind is the customary examination of the most superficial and routine character, its object being to discover but one condition—whether the lips of the os are fissured, and, if so, to what extent. Above all predisposing factors to the existence of œdema of the cervix is weak action of the heart. The organic lesions which result in œdema elsewhere will, not improbably, produce such a condition in the vaginal portion of the cervix; but even without discoverable organic lesion we may expect this condition when the contractile and propelling force of the heart is feeble, in cases in which anæmia and general prostration are pronounced, as in the hard-worked and under-fed multiparæ in the humbler walks of life. As already stated, the impression which is obtained by a digital examination may not, in all cases, lead to a diagnosis of this condition. The tissues have not the *doughy* feel which accompanies œdema of the ankles and legs, the feeling is rather one of fluctuation, and it is most noticeable in the most dependent part of the organ. It is sufficiently characteristic to excite attention as a deviation from the normal, and offers a marked contrast to the hard, cartilaginous consistency which obtains in many cases in which there is extensive fissure of the os. The contiguous tissues of the uterus and vagina may be apparently free from disease, or there may be an associated condition of displacement, sub-involution, or parametritis.

Ocular inspection will furnish phenomena which are characteristic. The mucous membrane of the vaginal portion is pale almost to whiteness. Along the most dependent portion of the organ, veins are clearly visible, not more than one or two branches being seen upon either lip, but with outline which is clear and distinct, their blue color standing out in marked contrast to the pale background. I have frequently called the attention of my clinical assistants to this phenomenon, and have never seen it with such distinctness in any other form of cervical disease. There is also a puffy appearance to the organ, and when the tissue is indented with the finger or with an instrument the depression does not remain, as in subcutaneous œdema, when the pressure is removed. Puncture of the tissue will give exit to a small quantity of serum or blood, and I have frequently passed the puncturing instrument to a depth of a quarter of an inch or more, before reaching solid tissue, the sensation meanwhile being that of pushing an instrument into a cavity, so slight is the resistance. No collapse follows frequent punctures, and no apparent exit of air, so that it is improbable that the condition is one of emphysema. If the veins are punctured, the flow of blood will be very free, and will continue several minutes. It is entirely unlike the dribbling which follows puncture for simple congestion of the uterus. I have drawn blood so many times for this latter condition (for which I consider it a most excellent method of treatment) that I have been quite impressed with its distinction from the condition which is being described.

The condition in question is essentially a chronic and secondary one. This does not imply that it may not occur in connection with acute forms of uterine disease; for example, a sudden displacement posteriorly, an acute parametritis or perimetritis, or any other acute disease in which the balance of the pelvic circulation is greatly disturbed. In the cases which have come under my observation it has depended upon one or more of the three predisponents which were mentioned, sub-involu-

tion of the uterus, fissure of the os cervicis, and debility of the heart. Œdema of the vulva and vagina is common enough in acute affections of those organs, and œdema of those organs and also of the cervix is common enough during and immediately subsequent to pregnancy and parturition; but pregnancy and parturition are to be excluded, as already remarked, in the consideration of this subject. The coexistence of œdema of the vulva and vagina with œdema of the cervix is quite possible in cases of general dropsy, but such a coincidence has not occurred in my experience. It is important to notice that the menstrual function is profoundly influenced in connection with œdema of the cervix. In other words, the congestive process of menstruation is superadded to that which already exists, and this tends to intensify the pain of that epoch and increase the flow of blood. The pain is particularly noticeable in the sacral region and in the loins, especially during the first day of menstruation, and the flow will usually continue from five to eight days, the quantity of blood discharged being large. Other symptoms which may be attributed to the œdema to a greater or less extent, are a constant sense of fulness in the vagina, a dragging sensation in the pelvis from the increased weight of the uterus, and the vague pains in the iliac and hypogastric regions, which are the accompaniments of almost every form of pelvic disease. The discovery of œdema of the cervix is a reminder to search for a similar condition in other parts of the body—for heart, kidney, and eye lesions, and for gastric and intestinal disorder. The œdema of the cervix is, of course, inferior in importance, as a pathological symptom, to the others; but, as already said, it may serve as a clew to important and serious morbid conditions when it is first recognized in the course of a vaginal examination. So far as the local treatment is concerned, it is simple enough; one of the principal indications being the abstraction of blood, and this may best be done by puncturing the enlarged veins at intervals of three or four days. This should not be neglected, on the hypothesis that it is important to treat only the origi-

nating condition. The local œdema is responsible, to a certain degree for, or at least is intimately associated with, the pain and discomfort in the pelvic region, and these may be relieved by the measure proposed, especially if this is supplemented by the intra-uterine use of suitable astringents, by the use of a mild galvanic current, and the proper regulation of the bowels. Concerning the general condition, it is unnecessary to add that those medicaments will be indicated which are appropiate irrespective of the œdema of the cervix, especially the cardiac and general tonics. It is also self-evident that a liberal and nutritious diet, in which milk shall constitute a conspicuous element, will greatly assist in restoring the depressed condition *ad integrum*.

The following case will serve as a type of the condition which has been described:

Mrs. R., born in Germany, was first seen November 20, 1888, being at that time thirty-eight years of age. She had borne four children, which were fourteen, thirteen, twelve, and one and a half years old respectively. There had also been four miscarriages, thirteen, ten, eight, and six years previously, all of them occurring at the second month excepting the last, which had been at the eighth month. Her menses began at the age of fifteen, and recur regularly at normal intervals, each period being, at the present time, eight days in duration. The quantity of blood lost at each period is considerable, and is attended by severe pain in the lumbar region during the first day or two. She suffers almost constantly with pain in the loins, groins, right iliac region, and hypogastrium.

There is no history of syphilis or other constitutional disease to account for the successive miscarriages. She is decidedly anæmic, her tongue is flabby and coated, but her appetite is good. Her nervous system is sensitive and she is easily excited. Her radial pulse is small and varies from 86 to 90 per minute, the heart action being feeble. No valvular lesions could be discovered nor any fault in the rhythm of the heart-action. There was nothing abnormal about the urine. The legs and ankles are œdematous, and the vaginal portion of the cervix uteri is large and œdema-

tous, the mucous membrane of the cervix and vagina being very pale. There is no fissure of the os uteri, but there is scar tissue in the angles where nature has repaired a parturition fissure. There is prolapse of the vagina, especially as to its anterior wall. The veins upon the os uteri are clearly distinguishable, especially along the lower portion of its anterior lip. The treatment consisted of free depletion of the cervix at frequent intervals, and in the administration of Blaud's pills and infusion of digitalis. She was also directed to drink two quarts of milk daily. This treatment was continued about two months, when she ceased her visits, being much better. At the end of two months more she returned looking much better, being quite able to attend to her household duties, but not feeling perfectly well. The œdema had diminished very noticeably but not entirely.